

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA		
O.I.P.E. CLASSIFIER		10/943	07/06/00
FORMALITY REVIEW	A-S		9-19-1
RESPONSE FORMALITY REVIEW	BZ	897	02-26-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9-1
2	20-13
3	20-13
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25	N
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37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final Original	
51	30-13
52	02-02
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55	N
56	N
57	N
58	N
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Claim	Date
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If more than 150 claims or 10 actions  
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